Received: 7 October 2020 | Revised: 28 January 2021 | Accepted: 8 February 2021

DOI: 10.1111/jpm.12743

LIVED EXPERIENCE NARRATIVE

WILEY

COVID-19 and how the wearing of face coverings can affect those with an experience of trauma

Alison Welfare-Wilson[1] | Lenna Adley[2] | Zoe Bell[3] | Rachel Luby[4]

[1]Research and Innovation, Kent and Medway NHS and Social Care Partnership Trust, Maidstone, UK

[2]East London NHS Foundation Trust, City and Hackney Centre for Mental Health, Homerton Row, UK

[3]East Kent Rape Crisis Centre, Canterbury, UK

[4]Health Based Place of Safety, East London NHS Foundation Trust, City and Hackney Centre for Mental Health, Homerton Row, UK

Correspondence
Alison Welfare-Wilson, Research and Innovation, Kent and Medway NHS and Social Care Partnership Trust, Hermitage Lane, Maidstone, Kent ME16 9PH, UK.
Email: Alison.welfare-wilson@nhs.net

Accessible summary

What is known on the subject?

- With the ongoing and possible evolving use of face coverings as a public health protection measure against the transmission of COVID-19, this is likely to be an ongoing challenge for those who find their use challenging.
- The wearing of face coverings following trauma is likely to be of ongoing relevance, making this an area that would benefit from further research.

What this paper adds to existing knowledge?

- The authors present their personal and professional experiences as a means of highlighting the difficulties that can be faced as a result of the use of face coverings.
- The window of tolerance helps to understand the difficulties that can be caused by wearing face coverings and provides a visual means of conceptualizing the cognitive, behavioural, physiological and emotional reactions that can occur as a result of their use.

What are the implications for practice?

- This paper provides an awareness of the link between trauma and the wearing of face coverings, and how their use could be re-traumatizing for those accessing services.
- This topic is relevant across all sectors where it is only just beginning to be acknowledged that for many, particularly those with experiences of interpersonal trauma, difficulties can arise due to the use of face coverings.
- The sharing of grounding techniques and an introduction to the window of tolerance provides a means of collaboratively developing skills and developing a shared understanding of the difficulties associated with the use of face coverings.

KEYWORDS

adult survivors of abuse, anxiety, domestic violence, intimate partner violence, narratives, trauma

1 | CONTEXTUAL NOTE

This co-produced article was developed following personal observations and experiences of the authors following the declaration of COVID-19 as a global pandemic in March 2020. Although at this time the wearing of face coverings was not yet mandatory across the majority of settings, aside from when travelling on public transport and within healthcare settings, their use began to cause the author's challenges, either owing to their own triggering physiological and psychological reactions stemming from a personal experience of trauma, or through their work in supporting trauma survivors.

This article is based around three of the author's first person narratives. Each narrative is set against a backdrop of personal trauma and reflects upon some of the personal difficulties which have arisen

as a direct result of wearing of face coverings. Each of the three narratives contains examples of techniques which have been developed in a bid to overcome the challenges that the use of coverings has caused.

To provide a theoretical understanding we follow on from the narratives with the introduction of the window of tolerance and the development and use of grounding techniques as a means of mitigating the potential aversive effects of the use of face coverings. In addition to the techniques described within the narratives, the four authors present additional grounding techniques which in our collective personal and professional experience have proven beneficial in reducing the associated distress of trauma. Due to the wide spread prevalence of trauma, and the ongoing requirement for the wearing of face coverings, this article would be relevant within health and social care settings across all sectors and would help in the implementation of this mandatory safety measure.

1.1 | Introduction

For those with an experience of trauma, the wearing of face coverings which are mandatory across social, occupational and healthcare settings, may give rise to difficulties related to anxiety, claustrophobia, or re-traumatization due to a forced sensory link triggering past experiences. Although there are exemptions for whom the use of a face covering will cause distress (Gov.uk, 2020) we recognize that for many, although their experience of trauma and the resulting distress may make them exempt, making such a disclosure and communicating this may give rise to feelings of shame or judgement (MIND, 2020). Likewise, despite an exemption an individual may wish to wear a face covering, but struggle with its use.

On the 24th July 2020, the use of face coverings became mandatory in shops and supermarkets in the UK, and a subsequent announcement made on the 22nd September 2020 stated that the wearing of face coverings was compulsory in retail and hospitality, as well as for taxi drivers. In addition, refusal to use face coverings can be met with financial penalty. There have been reports that those already overwhelmed by flashbacks due to their use may be fearful of further confrontation, verbal abuse or challenges should they feel unable to wear one (Collins, 2020), with members of the general public assuming that their non-use is due to them not caring, being selfish or unconcerned for the health and safety of themselves and others, rather than due to the unseen consequences of trauma (Ferguson, 2020). Unfortunately, for those who have experienced trauma, particularly interpersonal trauma, such encounters can be re-traumatizing, all against the backdrop of changes in healthcare services due to the pandemic, which for some may have resulted in difficulties accessing services, appointments or having their regular means of support and contact limited or delivered in an alternative format.

1.2 | What is trauma?

According to Rothschild (2017) trauma is pervasive in our lives, from smaller situations that trigger feelings of inability and fear, to larger catastrophes that render our entire being useless as we careen out of control. Aside from its prevalence, trauma is trauma regardless of cause, with people being traumatized by any event (they consciously or unconsciously) perceive to be threatening (Levine, 2006).

Behind these flashbacks are personal and idiosyncratic triggers which involve the recalling and reliving of traumatic experiences, often through sensory reminders. The use of face coverings, or seeing others wearing them could trigger feelings of anxiety, safety, claustrophobia or a fear of feeling out of control (Babbel, 2020). For those who have experienced specific forms of trauma, the link to the wearing of face coverings may be explicit, with their use or the covering of the face and mouth with material possibly being easily avoidable up until the outbreak of COVID-19. Given the unprecedented nature of the outbreak, their mandated use may have created a situation for some that could not have been predicted in terms of how their use, or seeing them on the faces of others could be triggering, and the resulting challenges that this then creates.

Whilst the identification of triggers can become easier, it may take time, practice and external support in identifying and understanding what works, as well as having the knowledge and understanding of why the wearing of face coverings may be difficult and the resulting behavioural, physiological, cognitive and emotional reactions which can occur as a result.

2 | HOW A PERSONAL EXPERIENCE OF TRAUMA CAN ADVERSELY IMPACT UPON THE WEARING OF FACE COVERINGS

In the next sections, we present narratives in the first person which aim to elucidate the potential impact of trauma experiences on the wearing of face masks, and methods to deal with this impact are described subsequently. These studies detail some of the complexities, anxiety and re-traumatization that the wearing of face coverings has caused following a personal experience of trauma.

2.1 | Narrative 1

> Post-Traumatic Stress Disorder (PTSD) has been a struggle for several years and face coverings are a trigger that can lead to dissociation. When I heard that they were going to become mandatory on public transport I knew I was going to have to work hard to try and find a way of making wearing one manageable.

A starting point was finding a face covering that felt comfortable next to my skin. I made a flash card with details such as my age, and a reminder that the covering was being worn to help keep others safe and others were wearing them to help keep me safe. This would help ground me if I were to dissociate, which can leave me feeling vulnerable. I began to wear the covering at home where I felt safe, to build a tolerance, initially wearing it for twenty seconds and managing the anxiety by reading my flash card, leaving it off for an hour and increasing the time I was wearing it to thirty seconds.

I was worried about using public transport but I had my flash card with me and listened to music that I find empowering. I intend to do this when I have appointments and at the shops. I'm not sure I will ever feel completely comfortable wearing a face covering; it does however feel a lot more manageable.

2.2 | Narrative 2

My body reacts instinctively, survival mode takes over and I want to take it (the face covering) off and run. I am unsure if that is because past reactions were passive, and so my arousal levels are high. I don't really know. Initially I was in denial, but with face coverings now being mandatory in so many places, including my workplace, denial is not an option.

Alongside the trying of lots of different types, the choosing of a design has been empowering and helped me to feel that I had some control over this. I have also started writing acrostic poems on my journeys on public transport. These are simple poems where the first letter of each line forms a word or phrase vertically. Trying to think of what words fit in has been a distraction. In the evenings after work, I paint pebbles; it is a way of coming back to the present. Aside from grounding, self-kindness is important. When I anticipate that a journey may be too difficult due to my heightened levels of arousal I take a minicab which becomes a form of self-care, a small investment to continue to function well.

2.3 | Narrative 3

Wearing a face covering feels like a hand over my mouth, but it's not just any hand, it's his hand, and although part of me logically knows that I can take the covering off and I will be able to breathe, in that moment I'm back there and I can't breathe again.

I knew that having my face, in particular my mouth covered would be problematic, but because I knew this, I always ensured it would never be a problem, which was easy, because after all there would never be an occasion (I believed) that would necessitate my mouth and nose ever needing to be covered again. When the pandemic was first declared and it became apparent that for some tasks I would need to wear face coverings, despite knowing it would be difficult, I was unprepared for how my body and brain would react to them.

Initially, only having them on for a short amount of time, literally seconds caused nausea and a feeling of suffocation, these feelings quickly became triggers in transporting me back there. To start with this would happen so quickly that I felt unable to do anything about it, powerless to stop the same feelings of that day from washing over me. Therefore techniques to master their use started small, reminding myself I was the one who put it on my face, saying to myself the colour of the covering, talking myself through what I see around me noting the difference between the environment I am in and the environment where my flashbacks take me. The feeling of suffocation has been much harder to overcome. I start to panic which further affects my breathing and it confirms that I can't breathe and my thoughts become about preservation; don't move, stay still, stay safe.

The use of these grounding techniques has been a real challenge. The feeling of suffocation overwhelms with frightening speed. Holding on to the knowledge that it is a covering which I have put on can at times be impossible. Noting the difference in colour, although simple, took months to master well, and even then at times I get caught out, as in that moment it is not red, spotty or blue but black like a glove, I then become aware of the heat of the covering, the fabric and I start to panic.

3 | THE WINDOW OF TOLERANCE

To underpin these narratives and to help understand the purpose and use of such techniques a means of conceptualizing reactions to trauma (the 'window of tolerance') is now explored.

The window of tolerance was developed by Siegel (1999) and refers to a means of understanding normal physiological and cognitive reactions following adversity such as trauma. It is the range in which

emotional arousal can be integrated without disruption to the system. This means being at the optimum arousal level or in the 'zone' where a person is able to allow for the normal variations in emotions, effectively function and manage the demands of everyday living as well as having a greater ability to cope with stressors and triggers (Elliott et al., 2005). For those who have experienced trauma, or for whom the wearing of face coverings is challenging, this window can become smaller due to difficult feelings, physiological changes or behaviours which may push us to the boundaries of the zone, or outside of it into either hyper-arousal, characterized by feelings of panic, agitation, sleep disturbances, and racing thoughts or hypo-arousal identified as dissociation, slowed responses, feeling frozen, or numb.

In Figure 1 we have conceptualized the window of tolerance whereby the square represents the zone described by Siegel (1999). In regards to the wearing of face coverings, this would be the optimum zone for feeling connected and balanced, without the generation of negative thoughts or distressing feelings, physiological symptoms, or the use of unhelpful behaviours, as well as being the area to re-centre and re-connect to if you, or others identify with movement into either hyper- or hypo-arousal.

An experience of trauma heightens senses and reactions can become intensified, meaning that strategies that were once reliable may become less so, particularly if the wearing of face coverings is either a new experience, or a recognized potential trigger that had been previously successfully avoided. If skills enabling us to remain in the zone are not updated, taught or practised, or the rationale for their use not explained then it may feel that there is a frequent ricocheting between hypo and hyper-arousal, or movement between the two at colossal speed for seemingly for no reason, instead only feeling the resulting behavioural, physiological or emotional consequences.

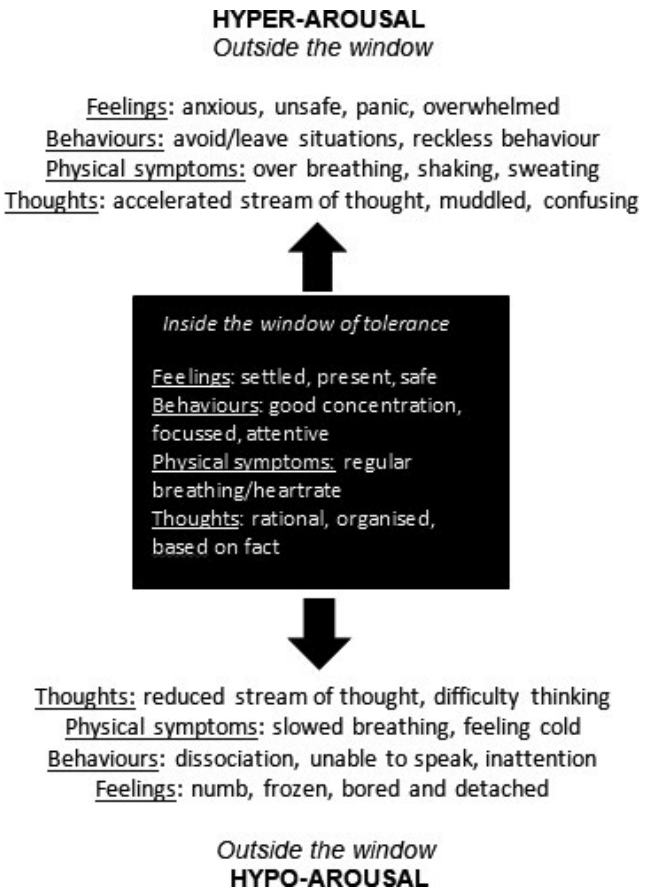

FIGURE 1 Representation of the window of tolerance

If we applied this understanding to the final narrative whereby the wearing of face coverings led to a sense of suffocation, the experiencing of this feeling is the point whereby the sensation triggered an over arousal, pushing movement towards the boundary of the zone. If, at this point techniques to remain in the zone were not established, well-practised, or there was additional influences such as tiredness, hunger or fears for safety, the sensation could go onto cause sympathetic activation and movement into hyper-arousal due excessive activation and emotional flooding. This would lead to feelings of panic, which would aversively affect the rate and pattern of breathing, with these physiological symptoms confirming that breathing is problematic and suffocation a possibility. However, if parasympathetic blunting occurred, this would movement into hypo-arousal evidenced by an inability to speak, flattened affect and slowed cognitive processes.

4 | GROUNDING TECHNIQUES AND THEIR USE

We have made reference to the development and practising of techniques and how their use can help with remaining in the optimum zone of the window of tolerance. The use of such techniques, known as grounding techniques utilize the five senses and can be of particular use during times of distress, anxiety or detachment, which in the case of trauma and the wearing of face coverings, may manifest as a flashback whereby an aspect of a trauma is relived. During these times grounding techniques allow for movement back into the zone should movement outside its boundaries occur, ensure a connection to the present is maintained and help reduce memories, flashbacks and dissociation (MIND, 2019).

The first case study describes grounding and coping techniques such as the use of flashcards which were developed and practised over a period of time to minimize potential distress. This required an understanding of personal triggers and when movement occurred outside of the zone of the window of tolerance into hyper- or hypo-arousal, likewise in the second narrative, the cognitive techniques described in the form of acrostic poems can also include the describing of objects, scenery, reciting of poems, songs, passages and the counting of objects, all of which help re-centre and calm as well as utilizing the senses. However, we would stress that grounding techniques should not be used if they cause undue distress or concerns around safety.

4.1 | Suggestions for grounding techniques to minimize distress when wearing face coverings

Based upon our professional and personal experiences, we have provided some suggestions for grounding techniques in Table 1.

TABLE 1 Suggestions of grounding techniques

Sight	Notice the colour, describe it to yourself 'it's mine, my (colour) face covering that I have put on and I can take off'
	Name five things you can see that are a certain colour, or begin with a letter of the alphabet. Can you describe an object that you can see?
Smell	Is the smell of the fabric a trigger? A spray of your favourite scent on the fabric may be of use.
Touch	Keep small objects in your pocket or within easy reach, such as textured shells, stones or fiddle toys.
	Try different types of coverings, experiment with tightness and fit. Choosing your fabric may help exert control over texture, weight and design.
	Notice the feel of the covering on your face, without it is just an object, a piece of fabric that you are choosing to put over your face.
Sound	Listen to music, podcasts or audiobooks
	How far can you stretch your hearing? Start with listening to a sound that is close to you and then challenge yourself to hear sounds that are further away.
Taste	Sucking mints or chewing gum may be useful in keeping you present.
Cognitive techniques	What's next on your shopping list? How many cars of a certain colour are going past? Think of an animal/object that begins with each letter of the alphabet. Count backwards from 1000 in 7's.
Environmental considerations	Is there anything in, or about the environment that was also present during your own experience of trauma? If so, ensure that you are prepared e.g. crowds, certain noises, time of day.
	Notice what you are wearing. In sexual trauma, it is often experienced in isolation from others. Wearing a face covering may help inform you that it is a safety measure so you can be with others, not alone.
	Be aware of how the weather may impact physiological symptom and become a trigger. Would taking some water out with you be useful? The change of seasons leads us to dressing differently; too many layers inside a hot or busy shop may contribute to the face covering feeling uncomfortable and hot.

The suggestions for grounding techniques that we have listed may not be helpful for everybody, and may not work first time. However, for many, including those without an experience of trauma the wearing of face coverings can be unpleasant and in such situations the use of grounding techniques can be effective in helping the person to return to their window of tolerance. The key is recognizing that there is often trial, error and creativity involved in recognizing what works for what individual and in which situation.

5 | CONCLUSION AND RECOMMENDATIONS

Trauma and its consequences are multi-faceted and unique to the individual and their experience. For most people wearing of face coverings is a new experience and encountered in the context of a global pandemic, both of which are potentially significant stressors.

Whatever the origin of the trauma it is important to recognize the potential distress experienced by some people who use face coverings. This paper aims to increase this recognition within health and social care settings and to provide an easy to access toolkit of coping strategies to assist those who have experienced trauma in complying with this important safety measure.

As authors with both personal and professional experience of trauma, we would like to see the link between face coverings and trauma recognized by practitioners, and how their use, although required within health and social care settings may lead to re-traumatization and potentially affect daily social, occupational and educational functioning.

Further research is needed to understand the impact of wearing face coverings as a mandated public safety requirement and the effectiveness of techniques such as those identified in this paper in managing associated distress.

6 | LIMITATIONS

The paper presents a small sample of case studies and is therefore not generalizable.

7 | RELEVANCE STATEMENT

COVID-19 and the subsequent mandatory wearing of face coverings have brought about new challenges for those with an experience of trauma. Although trauma and its effects are seen widely within mental health services, the wearing of face coverings in combination with trauma is a new phenomenon with its implications being seen in social and occupational functioning. Mental health nurses therefore need to recognize the possible re-traumatization in those presenting to and accessing mental health services and be able to offer suggestions to alleviate distress.

ACKNOWLEDGMENTS

Alison Welfare-Wilson is a National Institute for Health Research (NIHR) Senior Nurse and Midwife Research Leader. The views expressed in this article are those of the author(s) and not necessarily those of the NIHR, or the Department of Health and Social Care.

CONFLICT OF INTEREST

All authors can confirm that there are no potential sources of conflict of interest to declare.

AUTHOR CONTRIBUTIONS

AWW and RL designed the structure of the work with all authors making substantial contributions to the ongoing conception and design, and in drafting and revisions. AWW led the preparation of the manuscript. Each author participated sufficiently for portions of the content and agrees to be accountable as such in relation to accuracy and integrity.

ETHICAL APPROVAL

There are no ethical consideration's relevant to this submission.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

ORCID

Alison Welfare-Wilson https://orcid.org/0000-0002-9202-6288

REFERENCES

Babbel, S. (2020). *Why face masks can trigger unpleasant emotions*. Psychology Today. (Online). Retrieved from https://www.psychologytoday.com/us/blog/somatic-psychology/202005/why-face-masks-can-trigger-unpleasant-emotions.

Collins, R. (2020). *Domestic abuse survivors might be triggered by wearing a mask. They are allowed not to wear them*. The Independent. (Online). Retrieved from https://www.independent.co.uk/voices/face-mask-coronavirus-domestic-abusesurvivors-distress-mental-health-a9626766.html.

Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma informed or trauma denied: Principles and implementation of trauma informed services for women. *Journal of Community Psychology*, *33*(4), 461–477.

Ferguson, D. (2020). *Rape survivors say they are being stigmatised for not wearing masks*. The Guardian (Online). Retrieved from theguardian.com.

Gov.uk (2020). *Face masks and coverings to be worn by all NHS hospital staff and Visitors (Online)*. Retrieved from https://www.gov.uk/government/news/face-masks-and-coverings-to-beworn-by-all-nhs-hospital-staff-and-visitors.

Levine, P. (2006). *Healing Trauma – A Pioneering Program for Restoring the Wisdom of Your Body*. Boulder.

MIND (2020). *Mask anxiety, face coverings and mental health*. (Online). Retrieved from mind.org.uk.

MIND (2019). *Dissociation and dissociative disorders*. (Online). Retrieved from mind.org.uk.

Rothschild, B. (2017). *The body remembers Volume 2: Revolutionizing trauma treatment NY*. WW Norton and Company.

Siegel, D. J. (1999). *The developing mind: towards a neurobiology of interpersonal experience*. New York Guilford Press.

How to cite this article: Welfare-Wilson A, Adley L, Bell Z, Luby R. COVID-19 and how the wearing of face coverings can affect those with an experience of trauma. *J Psychiatr Ment Health Nurs*. 2021;00:1–6. https://doi.org/10.1111/jpm.12743